**City of Sunnyside** 509.837.7999 (office) 509.836.6383 (fax)



## **Planning Division** 818 E. Edison Avenue Sunnyside, WA 98944

Simultaneous Merger Application						
SITE ADDRESS:						
ASSESSOR'S PARCEL NO	OS.:					
APPLICATION FORM						
Date Received:	Fees Paid:	Received By:	File #:			
APPLICANT:	C	WNER:				
Name: Address: Phone: Email Address:	A P	lame: ddress: hone: :mail Address:				
Present Legal Description	s) of Total Property to be	Affected: attach map				
Legal Descriptions of Prop Purpose of Proposed Divis		map Note: It is Necessary to sho	w all existing buildings on the map			
Property Owner Authoriza Sunnyside for approval. The Signature of Property Own	nis application is accompa	anied by a filing fee in the	oultaneous Merger to the City of amount of \$25.00			
Property Owner	Date	Authorized Agent	Date			
Authorization Appro	ved Denied					
Conditions of Approval: (the property in conformity conditions:	•	• •	struments adjusting boundaries of 90 days hereof. (3) Other			
xSignature of City Attorne	Date	x_ Signature of Pla	Date nning Director			
Received by Assessor		Date				

<sup>\*</sup>If the application is being submitted by a representative, authorization must also be included with the application.